

**State of Indiana
Juvenile Law Commission**

**Identification, Assessment and Service Referral Subcommittee
Recommendation One**

Recommendation

It is recommended that the Legislative Codes of the juvenile justice, child welfare, education and mental health systems be amended to contain a common Purpose Clause outlining the policies of the State of Indiana with regard to the provision of services to children and families.

Importance of the Recommendation:

The juvenile justice, child welfare, education and mental health systems each provide services to children and families. Each is governed by its own set of complex laws, rules, policies and procedures. As a result, each primarily operates separate and apart from the others causing a lack of inter-agency understanding, communication and collaboration, as well as a fragmented system of need identification, assessment and service delivery. A common Purpose Clause across systems outlining that the policy of the State of Indiana shall be based upon the best interest of the child; shall provide for the safety and well-being of children, families and the community; and shall provide for effective cross system communication and collaboration would establish a necessary common philosophical foundation upon which services provided to children and families would be based.

Affected Statutes or Administrative Rules:

(To be researched).

Specific Implementation Action Steps:

- A review of each system/agency Administrative Codes and state plans to determine whether changes are necessary.
- The development of policies and procedures for inter-agency communication and collaboration.
- The development and implementation of a training plan for each affected system/agency.

Estimated Cost for the Recommendation:

Administrative costs will include the staff time necessary to develop the necessary policies, procedures, administrative rule and state plan modifications that may be required to implement this recommendation. Existing funds could be used to provide the staff training.

Barriers to Implementation:

The primary barrier to the implementation of a cross system Purpose Clause with regards to the juvenile justice, child welfare, education and mental health systems would be overcoming the organizational cultures that promote the policies, procedures and practices resulting in the inefficient child service delivery system currently in place.

Date the Recommendation Should Be Implemented:

July 1, 2006

**State of Indiana
Juvenile Law Commission**

**Identification, Assessment and Service Referral Subcommittee
Recommendation Two**

Recommendation

It is recommended that there be a standard process that is followed to identify, screen, assess, and link necessary services with children and families. While it is universally recognized that children entering the juvenile justice and child welfare systems be screened and assessed, it is additionally recommended that all children receive well-being screenings as part of the routine examination/screenings that occur in the health care and/or education systems. Information obtained in this process must be shared with appropriate parties involved with the child and family. The selected screening and assessment instruments must be recognized as a legitimate and acceptable tool that will be accepted by the various systems that serve children.

Importance of the Recommendation:

There is general consensus that regardless of what system “door” a child enters, the services provided should be the same and a common language should be used to describe what actions are being taken and what recommendations are being made. There should be a standard process that is followed to evaluate the child and to provide necessary services to the child and family so as to improve child well-being outcomes. A framework should be established that ensures consistency across the primary systems dealing with children, including the juvenile justice, child welfare, education and mental health systems. The basic components of this framework must include screening, assessment, development and implementation of a service coordination plan and development and use of outcome measures.

National data indicates that a significant portion of children in the juvenile justice and child welfare systems have a serious emotional disturbance. All children entering these systems should be screened, and when appropriate, referred for further assessment to a mental health professional for linkage and follow up by the referring agency to needed services. Screening of children in the juvenile justice or child welfare systems can improve identification of service needs even after maltreatment or social maladjustment and increase positive outcomes for the child. Similarly, a strong relationship exists between a child’s

involvement in the juvenile justice or child welfare system and academic failure. Therefore, children in the education system who are identified as truants, causing on-going disruption in the classroom or who are academically failing shall, in partnership with the child's guardian, be referred for additional screening or assessment to an educational counselor for possible linkage and follow up with needed services.

In addition to the screening and assessment of those children involved with the juvenile justice and child welfare systems or experiencing difficulties in the education system, it is just as important to identify, screen and assess children prior to system involvement. Early identification of service needs of children and families can be instrumental in preventing children from entering the juvenile justice or child welfare systems. Early need identification and linkage of families with services can provide stability for the family, reduce the risk factors that precede child maltreatment and improve the potential for academic success. Additionally, addressing the needs of a specific child in the family can benefit the development and well being outcomes for younger siblings. The health care system, through regular physical examinations conducted by pediatricians and family practitioners, and the education system touch nearly all children and families. Thus, the health care and education systems are the logical point of access at which to conduct these critical early identification, well-being screenings.

Data shall be maintained and used to: a) identify and develop additional services for the child or family, b) identify both efficiencies and deficiencies in the inter-system referral process, c) eliminate administrative duplication in order to streamline processes used by the child and family, d) determine the outcome of service referrals, e) identify on-going systemic needs such as community capacity building, and f) provide a foundation for planning and budget requests.

For purpose of this recommendation, screening is defined as a simple process used to identify an area or areas of the child's development that needs further assessment. Assessment is defined as a comprehensive evaluation of the child to identify specific service needs in the areas of educational and social functioning, mental and physical health, and alcohol and drug abuse. The domains that are to be screened and assessed include the following: a) prior legal involvement, b) mental health, c) witnessing domestic violence, d) alcohol/drug use, e) traumatic experience, f) social functioning, g) educational functioning, and h) physical health.

Affected Statutes or Administrative Rules:

(To be researched).

Specific Implementation Action Steps:

- Establishment or coordination of this effort with an interagency forum or ad hoc committee that will be charged with the implementation of this recommendation;
- Establishment of the criteria or standards that are to be used in the selection of a screening instrument and an assessment instrument;
- Selection of a screening instrument(s) and an assessment instrument(s) that address the desired domains and meet the designated criteria;
- Determination of the manner, the format and the timeframe in which the results of the assessment information is conveyed to the referring agency for service referral, linkage and follow-up;
- Determination of the common format for the service coordination plan across all systems;
- Establishment of common expectations as to the manner in which parents will guide the development and implementation of a service coordination plan;
- Development of appropriate agency administrative rules, state plan amendments and agency policies that require local implementation and compliance with each appropriate component of this recommendation;
- Development of inter-agency cross-training;
- Establishment of a monitoring process for planning and budget purposes;
- Development of a process for inter-agency monitoring and process improvement, including action plans and timeframes to overcome system deficiencies or lack of local services; and,
- Development of standards and expectations for the completion of the assessment report that are identified clearly and formalized in written policy and/or contracts as well as monitored to ensure compliance by the service providers completing the assessment.

Estimated Cost for the Recommendation:

There are several screening instruments and assessment instruments that can be used at no cost or at nominal cost for the purchase of scoring sheets, in-house duplication of the instrument and training manuals. Administrative costs will include the staff time necessary to develop the necessary policies, procedures, administrative rule and state plan modifications that may be required to implement this recommendation. Existing funds could be used to provide the staff training.

This recommendation recognizes but does not address the inevitable cost of services that would be provided to a child and family if a referral for an assessment is warranted and results in a service coordination plan. Additional costs for services should be explored within existing budgets before seeking additional appropriations from the General Assembly. It is believed that additional costs will be off-set by the savings of early prevention and identification, which will ultimately reduce the number of children in the juvenile justice and child welfare systems.

The recommendations contained herein (excluding the cost of services) can be implemented within existing budgets. Federal reimbursements, including the use of EPSDT should be explored to qualify for reimbursement.

Barriers to Implementation:

A lack of commitment by state and local leaders to achieve a common purpose and common expectations would result in the greatest barrier to successful implementation of this recommendation.

The screening instrument should meet the following administrative criteria in order to obtain the support of the line staff charged with implementing this recommendation and therefore reduce the likelihood of being a barrier:

- Simple and easy to administer in a brief period of time;
- Able to be scored and evaluated by staff;
- Available in English and Spanish (if self-administered);
- Third grade reading level if self-administered;
- Available for administration on a desktop;
- Purchased within existing budgets;
- Scored and utilized as a guide for referral to mental health professionals;
- Normed for populations of various ethnicity; and,
- Reliable, valid and serve the best interest of children.

Another barrier to implementation will be the existence of “silo-thinking” by staff within each system. This type of thinking could minimize the necessary commitment of all systems to honor the implementation of a common service plan. Training will have to be developed that illustrates the importance of cross-system cooperation to achieve better child outcomes.

Consensus must be achieved from the requesters of the service as well as agreement from the provider community as to the practical application and management of the instrument. Additionally, staff within the various systems that serve children must recognize the validity of the instrument(s) so as to reduce duplication of services and decrease administrative costs. Agency funding and contractual agreements should be linked to the use of the specified instrument.

Date the Recommendation Should Be Implemented:

July 1, 2006